

INSPECTIONS AND APPEALS DEPARTMENT[481]

Notice of Intended Action

Proposing rule making related to hospice license standards and providing an opportunity for public comment

The Inspections and Appeals Department hereby proposes to amend Chapter 53, “Hospice License Standards,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 135J.7.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code sections 17A.7(2) and 135J.7 and 2022 Iowa Acts, House File 803.

Purpose and Summary

The Department completed a comprehensive review of Chapter 53 in accordance with the requirement in Iowa Code section 17A.7(2), and the proposed amendments update the chapter to align with current practices, terminology, and federal requirements. The proposed amendments also add “physician assistant” to the attending physician qualifications in accordance with 2022 Iowa Acts, House File 803.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on February 28, 2023. Comments should be directed to:

Ashleigh Hackel
Iowa Department of Inspections and Appeals
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: ashleigh.hackel@dia.iowa.gov

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend rule ~~481—53.1(135J)~~, definitions of “Bereavement service” and “Home care provider,” as follows:

~~“Bereavement service” is support offered during the bereavement period to the family and friends of someone who has died~~ emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

~~“Home care provider” means a care agency that contracts with the hospice to provide services in the home of the hospice patient. The providers may include, but are not limited to, home health hospice aides, homemakers, nurses, occupational therapists or physical therapists.~~

ITEM 2. Amend subrule 53.2(3) as follows:

53.2(3) Each hospice seeking licensure is surveyed before the initial license is issued and ~~biennially before a license is renewed at least every 36 months thereafter.~~

ITEM 3. Amend subrule 53.2(5) as follows:

53.2(5) Hospices certified as Medicare providers by the department or accredited by ~~the Joint Commission on the Accreditation of Health Organizations~~ an organization approved by the Centers for Medicare and Medicaid Services for federal certification will be licensed without inspection.

ITEM 4. Rescind paragraph **53.4(1)“e.”**

ITEM 5. Reletter paragraphs **53.4(1)“f”** to **“j”** as **53.4(1)“e”** to **“i.”**

ITEM 6. Amend relettered paragraphs **53.4(1)“e”** and **“f”** as follows:

e. Provide for medical direction by a licensed physician, including naming a qualified physician to be available in the medical director’s absence;

f. Provide appropriate, qualified personnel in sufficient quantity to ensure availability of hospice services listed below;. Physician and nursing services and the provision of appropriate drugs shall be available 24 hours a day, seven days a week;

ITEM 7. Amend subrules 53.5(1) and 53.5(2) as follows:

53.5(1) ~~At least quarterly, the~~ The medical director, patient coordinator and social worker used by the hospice program shall review a minimum of a 10 percent sample of combined active and inactive clinical records of care delivered to hospice patients ~~and families on a periodic and ongoing basis.~~ A written summary shall be prepared for each individual assessment, commenting on the amount and kind of care delivered and including statements addressing any unmet needs.

53.5(2) ~~At least quarterly, all~~ All summaries of individual assessments shall be reviewed by the people responsible for coordinating quality assurance on a periodic and ongoing basis. A written report will be prepared addressing any identified problems with care, treatment services, availability of services and methods of care delivery.

ITEM 8. Amend rule 481—53.6(135J) as follows:

481—53.6(135J) Attending physician services. The patient or family shall designate an attending physician or physician assistant who is responsible for managing necessary medical care. The attending physician shall:

1. Have an active Iowa license to practice medicine pursuant to Iowa Code chapter 148, ~~150 or 150A~~ or 148C;
2. to 6. No change.

This rule is intended to implement Iowa Code section 135J.3(4).

ITEM 9. Amend rule 481—53.7(135J) as follows:

481—53.7(135J) Medical director. Each hospice shall have a medical director who is a physician licensed to practice medicine pursuant to Iowa Code chapter 148, ~~150 or 150A~~. The medical director shall:

1. to 6. No change.
7. Participate in resolving conflicts regarding care to be provided; and
- ~~8. Name a qualified physician to be available in the medical director's absence; and~~
9. 8. Participate in the development and review of patient ~~and family~~ care policies, procedures and protocols.

This rule is intended to implement Iowa Code section 135J.3(1).

ITEM 10. Amend rule 481—53.8(135J) as follows:

481—53.8(135J) Interdisciplinary team (IDT). The IDT shall establish a plan of care for each patient ~~and family~~ based on assessments performed by team members.

53.8(1) The interdisciplinary team shall include, but is not limited to, the:

- a. Patient, to the extent the patient is able and willing to participate;
- b. Hospice patient's family, to the extent the family is able and willing to participate;
- c. ~~Attending physician~~ A doctor of medicine or osteopathy who is an employee of or under contract with the hospice;
- ~~d. Medical director;~~
- ~~e. d.~~ Patient care coordinator;
- ~~f. e.~~ Staff Registered nurse;
- ~~g. f.~~ Social worker; and may include
- ~~h. Coordinator of volunteer service; and may include~~
- ~~i. g.~~ A spiritual pastoral or other counselor and others deemed appropriate by the hospice.

53.8(2) ~~Prior to or on the day~~ Within 48 hours of admission, the attending physician or registered nurse and at least one IDT team member shall develop an initial plan based on a preliminary assessment of the patient ~~and family~~ needs.

53.8(3) Within ~~seven~~ five calendar days of admission, the interdisciplinary team shall assess the needs of the patient and family. A care plan shall be based on these findings.

53.8(4) Within ~~seven~~ five calendar days of admission, the interdisciplinary team shall meet to develop a comprehensive written plan of care. The plan of care shall:

- a. to f. No change.

53.8(5) The IDT shall monitor and revise the plan of care on a regular basis. The team shall meet ~~weekly~~ at least every 15 days and exchange information regarding the needs of the patient and family. Changes in the care plan shall be made when the needs of the patient or family change or when interventions do not result in the expected or intended response.

This rule is intended to implement Iowa Code section 135J.3(5).

ITEM 11. Amend subrule 53.9(2) as follows:

53.9(2) The nursing service staff shall:

- a. to e. No change.

- ~~f.~~ Develop and implement nursing service objectives, policies and procedures; and
- ~~g.~~ Develop job descriptions for all nursing personnel;
- ~~h.~~ Establish staff schedules to meet patient and family needs and ensure 24-hour service;
- ~~i.~~ Develop and implement orientation and training programs;
- ~~j.~~ Develop and implement performance evaluation for the nursing staff;
- ~~k.~~ g. Assign duties to nurses and hospice aides consistent with their education and experience;
- ~~and.~~
- ~~l.~~ Facilitate periodic meetings of the professional nursing staff to evaluate the nursing care provided by hospice personnel.

ITEM 12. Amend rule 481—53.11(135J) as follows:

481—53.11(135J) Coordinator of patient care.

53.11(1) A registered nurse, social worker or health care administrator shall be designated to coordinate implementation of the plan of care for each patient.

53.11(2) The coordinator of patient care shall at least:

- ~~1.~~ a. Coordinate all aspects of patient care to ensure continuity, including care by all service disciplines in all care settings;
- ~~2.~~ b. Facilitate exchange of information among all personnel who provide services to ensure complementary efforts and support for objectives outlined in the plan of care;
- ~~3.~~ c. Facilitate communication between caregivers, patient and family;
- ~~4.~~ d. Maintain a roster of patients;
- ~~5.~~ e. Maintain a schedule for IDT review of care plans; and
- ~~6.~~ f. Chair IDT conferences;
- g. Develop job descriptions for all nursing personnel;
- h. Establish staff schedules to meet patient needs and ensure 24-hour service;
- i. Develop and implement orientation and training programs;
- j. Develop and implement performance evaluation for the nursing staff; and
- k. Facilitate periodic meetings of the professional nursing staff to evaluate the nursing care provided by hospice personnel.

This rule is intended to implement Iowa Code section 135J.3(2).

ITEM 13. Amend rule 481—53.12(135J) as follows:

481—53.12(135J) Social services. ~~Social services shall be planned and provided or supervised by a person who has at least a bachelor's degree in social work from a school approved by the council on social work education.~~ Medical social services must be provided by a qualified social worker, under the direction of a physician. Social work services must be based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services.

53.12(1) Education and experience. A qualified social worker is a person who:

- a. Has a master of social work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or
- b. Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or
- c. Has a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph 53.12(1) "a"; and
- d. Has one year of social work experience in a health care setting; or
- e. Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, was employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.

53.12(2) The social worker shall at least:

- ~~1.~~ a. Consider the emotions and social support system of the patient and family;

~~2. . Assess the ability of the family and the patient to function socially and to deal with their emotions;~~

- ~~3. b. Identify patient and family social service needs;~~
- ~~4. c. Participate on the IDT to develop and amend the plan of care;~~
- ~~5. d. Provide services in accordance with the plans of care developed by the IDT;~~
- ~~6. e. Document services provided and observations made regarding patient and family response and status; and~~
- ~~7. f. Cooperate and communicate with other providers and the family to enhance the continuity of care.~~

This rule is intended to implement Iowa Code section 135J.3(2).

ITEM 14. Amend rule 481—53.14(135J) as follows:

481—53.14(135J) Volunteer services. Each hospice shall provide volunteer services to meet patient and family needs. A coordinator of volunteer services shall be designated to implement written policies and procedures. Volunteers must be used in defined roles and under the supervision of a designated hospice employee. The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.

~~**53.14(1)** Each volunteer shall have at least 14 hours of education provided by the hospice before being assigned to a patient and family. The following topics shall be included in the educational program:~~

- ~~a. Hospice concept and philosophy;~~
- ~~b. Symptom control;~~
- ~~c. Infection control;~~
- ~~d. Home care skills;~~
- ~~e. Safety measures and transfer techniques;~~
- ~~f. Stress management;~~
- ~~g. Communication needs;~~
- ~~h. Psychosocial needs;~~
- ~~i. Spiritual needs;~~
- ~~j. Death, dying and grief; and~~
- ~~k. Funerals and alternative rituals.~~

~~**53.14(2)** The hospice shall offer at least two hours of in-service training each quarter.~~

This rule is intended to implement Iowa Code section 135J.3(2).

ITEM 15. Amend rule 481—53.16(135J), introductory paragraph, as follows:

481—53.16(135J) Optional services. Optional services are services provided by the hospice which are not required. Examples are ~~home health~~ hospice aide, therapy and respite. The following apply to the provision of all optional services provided by a hospice:

ITEM 16. Amend rule 481—53.20(135J), introductory paragraph, as follows:

481—53.20(135J) Records. In accordance with accepted principles of medical record practice, each hospice shall maintain a centralized complete record on every individual receiving services. This record shall be preserved for at least ~~three~~ six years following termination of services.